HEALTH EQUITY LEARNING SERIES

Health Equity and the Social Determinants of Health

ACHIEVING ACCESS TO HEALTH FOR ALL COLORADANS
TRENDS

What If We Were Equal? A Comparison Of The Black-White Mortality Gap In 1960 And 2000

Closing this gap could eliminate more than 83,000 excess deaths per year among African Americans.

by David Satcher, George E. Fryer Jr., Jessica McCann, Adewale Troutman, Steven H. Woolf, and George Rug

ABSTRACT: The United States has made progress in decreasing the black-white gap in civil rights, housing, education, and income since 1960, but health inequalities persist. We examined trends in black-white standardized mortality ratios (SMRs) for seven age-sex groups from 1960 to 2000. The black-white gap measured by SMR changed very little between 1960 and 2000 and actually widened for infants and for African American men age thirty-five and older. In contrast, SMR improved in African American women. Using 2002 data, an estimated 83,570 excess deaths each year could be prevented in the United States if this black-white mortality gap were eliminated.

In the past forty years, African Americans have witnessed some progress in civil rights, housing, education, employment, and health care. In 1960 segregation was evident in hospitals and doctors' offices throughout the South. In 1960 there was no Medicare or Medicaid, and the infant mortality rate was 44 per 1000 for African American babies and 28.2 for whites. Health care and health status are now better for African Americans, but how far have we come in reducing inequality?

Study Data And Methods

Using data from the National Center for Health Statistics (NCHS) for each

HEALTH AFFAIRS - Volume 24, Number 2
Health Equity Learning Series

An educational program of The Colorado Trust, the Health Equity Learning Series aims to increase knowledge and awareness of health equity through presentations from experts discussing factors that increase disparities and solutions that advance health equity.

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UPCOMING EVENTS

Through our Health Equity Learning Series, we are pleased to host four events in 2013 featuring national experts:

**SEPT. 12:** Elizabeth Myung Sook Krause, Vice President of Policy and Communications, Connecticut Health Foundation, and Nichole June Maher, MPH, President, Northwest Health Foundation, Yaniqwe Redwood, PhD, President and CEO, Consumer Health Foundation, will speak about foundation solutions to advance health equity.

**NOV. 15:** Anthony Iton, MD, Senior Vice President, The California Endowment and Winston Wong, MD, Medical Director, Kaiser Permanente, will speak about solutions for tackling social determinants of health.

In addition to The Trust hosting these distinguished speakers over luncheon events at our office in Denver, we will be partnering with others across the state to host simultaneous events in their communities with live-stream viewing of the events, also over lunch, followed by discussion and networking.

INFORMATION FROM PREVIOUS EVENTS

**June 6, 2013 - Brian Smedley, PhD,** Vice President and Director of the Health Policy Institute of the Joint Center for Political and Economic Studies.

**January 31, 2013 - Paula Braveman, MD,** Director of the Center on Social Disparities in Health within the School of Medicine at the University of California, San Francisco.

NEWS

> 02/21/13 Making Sense of Health Differences, Disparities and Equity

PUBLICATIONS


> Equality in Health – An Annotated Bibliography with Resources on Health Disparities and Cultural and Linguistic Competency (2007)

> Health Equity and the Affordable Care Act - Summary (2013)

> How the Affordable Care Act Can Help to Advance Racial and Ethnic Equity in Colorado (2013)


RELATED LINKS

> A Profile of Health Insurance Exchange Enrollees

> A Roadmap for Health Equity
Viewing Parties

- Alamosa
- Colorado Springs
- Durango
- Eagle
- Fort Collins
- Frisco
- Glenwood Springs
- Grand Junction
- Gunnison
- La Junta
- Leadville
- Montrose
- Monte Vista
- Pueblo
- Steamboat
- Yuma
#healthequityTCT
Today’s Presenter

Adewale Troutman, MD
Director, Public Health Practice Program,
University of South Florida
President, American Public Health Association
UNNATURAL CAUSES
...is inequality making us sick?

Born in to

- Poverty
- Racial Tension
- Urban Ghetto
- Segregation
- No Green Space
- Public Transportation dependency
- Domestic Violence
- Alcoholism
- Single Parent
- Absent Father
- Abandonment

My personal story “Drumbeat Heartbeat”
The things that saved me......

• Love of reading, sports
• Passion for music, poetry
• Connection to “The Movement” Civil Rights
• Discovery of the rich history of African People, the Diaspora and people of Color
• The notion that I really could change the world
• Commitment to the Power of One and that
• “I” had the power
Denver, Colorado
We are ALL Connected

• A Hispanic baby born in this state is 63 percent more likely than a white baby to die in the first year of life.

• And Latinos aren’t alone – the disparity is even more stark for Colorado’s African Americans, who experience an infant mortality rate three times that of Caucasians.

• A deeper examination of the numbers shows that the infant mortality rate for Hispanics has climbed in recent years at the same time that it was steadily falling for whites, according to data compiled by the Colorado Department of Public Health and Environment.
Denver, Colorado
We are ALL Connected

• The numbers are starkly worse in Colorado, where African American babies experience 14.5 deaths for each 1,000 births, according to an average of data from 2007 through 2011 calculated by the state health department.

• That figure would place black Coloradans between the overall infant mortality rates of China and Colombia, according to a World Bank compilation of health data.
• We are all connected...........

“...We are all connected by the great circle of life”

Mufasa
The Lion King
How you frame an issue...

The questions you ask determines

• your analysis of the issue
• how you prioritize it
• your policy choices
• resource allocation
• your allies and your enemies
• define when an issue has been resolved
Reframing

• Individual (Medical model) vs. Population Health
• Market Justice vs. Social Justice
• Rights vs. Privileges
• Biological/Behavioral Determinants vs. Social Determinants
• Creating Health Equity vs. Eliminating Health Disparities
• Health vs. Healthcare (Affordable Care Act and “Obamacare”)

The Troutman Group
"What do I want for Christmas? World peace is asking a lot. I'd settle for universal health care!"
AFORDABLE CARE ACT
Public Health

• Medicaid
• Health Insurance Exchange
• Employer Requirements
• Public Health Prevention
• Safety Net
• Delivery and Payment Reform
• Data Collection
• Research
• Workforce Development
• **Social Determinants of Health**
Healthy People 2020

- **Vision** – A society in which all people live long, healthy lives and attain high quality, longer lives free of preventable, disability, injury and premature death

- **Overarching goals:**
  - Eliminate preventable disease, disability, injury and premature death.
  - **Achieve health equity, eliminate disparities, and improve the health of all groups.**
  - Create social and physical environments that promote good health for all.
  - Promote healthy development and healthy behaviors across every stage of life.
APHA President’s Overarching Goals 2012-2013

• Creating Health Equity

• Assuring the right to health and healthcare

• Rebuilding the public health capacity and workforce (Pipelining)

American Public Health Association Annual Meeting
November 2-6th 2013
Boston, MA
Health Equity

Health equity is the realization by all people of the highest attainable level of health.

Achieving health equity requires valuing all individuals and populations equally, and entails focused and ongoing societal efforts to address avoidable inequalities by assuring the conditions for optimal health for all groups, particularly for those who have experienced historical or contemporary injustices or socioeconomic disadvantage.
Health Inequities

Health Inequities are “systemic, avoidable, unfair and unjust” differences in health status and mortality rates and in the distribution of disease and illness across population groups. They are sustained over time and generations and beyond the control of individuals.

–Margaret Whitehead
Department of Public Health
University of Liverpool
Asiana Airlines crashes recently in San Francisco
"Of all the injustices, injustices in health are the most shocking and inhumane"

Dr. Martin Luther King Jr.
Social justice is a matter of life and death. It affects the way people live, their consequent chance of illness, and their risk of premature death...

www.who.int/social_determinants
Human Rights

- A higher order right MORALLY based and UNIVERSAL. They are human beings. It belongs to all persons equally.

“Life liberty and the pursuit”? “2nd Amendment, Right to bear arms”
Health is a Basic Human Right
Not a Privilege

Preamble to the constitution of the
World Health Organization

states

The enjoyment of the highest standard of health is one of the fundamental rights of every human being without distinction of race, religion, political belief, economic or social condition.
A New Direction
An Exciting Direction
A Bold Direction

Social Determinants

The Troutman Group
Looking upstream, finding the causes of he causes.

“The web of causation”

Nancy Kreiger

Finding the balance

The Troutman Group
Social Determinants of Health

- The complex, integrated, and overlapping social structures and economic systems that are responsible for most health inequities. These social structures and economic systems include the social environment, physical environment, health services, and structural and societal factors. Social determinants of health are shaped by the distribution of money, power, and resources throughout local communities, nations, and the world.
Social and Physical Determinants of Health

What are the social determinants of health?

General socio-economic, cultural and environmental conditions

- Living and working conditions
  - Work environment
- Unemployment

Social and community networks

- Education
- Agriculture and food production

Individual lifestyle factors

- Age, sex and hereditary factors
- Health care services
- Housing
- Water and sanitation

WHO Commission on Social Determinants of Health
### Social Determinants

*Yield greater and more sustainable returns*

- **Socioeconomic Status**
  - Occupation
  - Education
  - Income-Poverty
- **Racism & Discrimination**
- **Housing**
- **Political Power**
- **The Social Gradient**
- **Stress**

- **Early Life**
- **Social Exclusion**
- **Work**
- **Environment**
- **Unemployment**
- **Social Support**
- **Addiction**
- **Food**
- **Transport**
Education
Children Raised in Poverty

• **Have lower levels of educational attainment**
  – more likely to score lower on standardized tests, be held back a grade, drop out of high school,
  – less likely to get a college degree
  – attend schools with fewer resources
  – suffer from poor nutrition, chronic stress, and other health problems that interfere with their school work
  – change residences and schools frequently as their families struggle to find affordable housing

• **Have lower earnings and are more likely to live in poverty as adults**

• **Educational attainment and life expectancy**
Education Influences Health

- Improve health by increasing health knowledge
- Leads to greater employment opportunities
- Linked to social and psychological factors that affect health
- PQLI experience
  - “55,000 degrees”
Income
Income Inequities

- Kennedy, Kawachi and Prothrow Stith (Harvard University of Public Health 1995)
- 282 cities in the U.S.
- Death from income inequities “is comparable to the combined loss of life from lung cancer, diabetes, motor vehicle crashes, HIV infection and homicide”
Housing
Place Matters
The Built Environment

“Tell me how a man died and I’ll tell you where he lived”

Aristotle
Segregation

“It is often easier to become outraged by injustice half a world away than by oppression and discrimination half a block from home.”

—Carl T. Rowan
Author and journalist
• Place and Environment
Racism
What is racism?

A system of structuring opportunity and assigning value based on the social interpretation of how one looks (“race”)

– Unfairly disadvantages some individuals and communities
– Unfairly advantages other individuals and communities
– Saps the strength of the whole society through the waste of human resources

Source: Jones CP, *Phylon* 2003
Levels of Racism

Individually Mediated
Institutionalized
Internalized

Camara Jones, MD, PhD
CDC
A healthcare system of sick care with underlying racial profiling and no real cultural competence
Tips for Staying Healthy:  
**A Social Determinants Approach**

1. Don’t be poor. If you can, stop. If you can’t, try not to be poor for too long.
2. Don’t have poor parents.
3. Don’t live in a poor neighborhood.
4. Own a car – but use only for weekend outings. Walk to work.
5. Practice not losing your job and don’t become unemployed.
6. Don’t be illiterate.
7. Avoid social isolation.
8. Try not to be part of a socially marginalized group.
Located in a minority community, CHE works to eliminate social and economic barriers to good health.

Established to reshape the public health landscape, and serve as a catalyst for capacity building and policy change initiatives.
Health Equity through COMMUNITY ENGAGEMENT

- Staff Training on Community Organizing
- Staff and Community Training on Capacity Building
- Community Policy Mini-grants
- Speakers series
- On line learning in Health Equity for consumers and state employees in health
- Food Security Task Force
- **Community Visioning Process**
- Undoing Racism Trainings
- Framing Research followed by Social Marketing Strategy
- Emergency Preparedness and Health Equity/Social Justice
CHAMPION HEALTH IN ALL POLICIES

Find ways to be CREATIVE and INOVATIVE

• Department of Transportation
• School Administrators
• Land use Decision Makers
• Parks and Recreation
• Business/ Corporations
• Housing Authorities
• Social Service
• Police/ Law Enforcement
PICK A PARTNER

• One of the great strengths of Public Health
• Importance of empowerment and capacity
• Identifying Non traditional Partners
• True Partnership
  – CBPR
Collaborations
The active and planned participation of diverse organizations, groups and individuals in a **collective effort** to define and address issues in the community

Partnerships
Partnerships and collaboration suggest relatively structured and formal relationships that are focused on achieving specific, collective goals

**Building a collective consciousness**
Increased Neighborhood Access
Strategy 3: Expand access to and distribution of healthy food.
Photo Voice
Phyllis Wheatley Students present
Photo-voice Exhibits

• Youth empowerment through engagement
• Youth as creators, producers, interpreters
• Raise awareness about the policy process
• Presentation to policy makers
  • (Mayor Metro Council, Board of Health, Business Leaders, Community)

The Troutman Group
If my community were healthy it would look like, no people littering, people riding bikes, no people dealing drugs, kids playing at the park, no gunshots, parents and kids walking their dogs, no people smoking, parents taking their baby’s in a stroller to the park to walk them around the park. Denzel: age 10

The Troutman Group
My neighborhood has many train tracks and a really big factory that does something, I don’t know what. There is a church, a community center but there is no store close to where I live.

D’coreyan: age 10
Every day I go to the community center on the side of it, they are selling drugs or showing off their guns and sometimes I am scared to walk pass because I think they will shoot me.

Michael: age 10
UNNATURAL CAUSES

Is Inequality Making Us Sick?
1. Health is more than health care.
2. Health is tied to the distribution of resources.
3. Racism imposes an added burden.
4. The choices we make are shaped by the choices we have.
5. High demand + low control = chronic stress.
6. Chronic stress can be deadly.
7. Inequality – economic and political – is bad for our health.
8. Social policy is health policy.
9. Health inequities are not natural.
10. We all pay the price for poor health.

—Unnatural Causes
My hope is that..........

- Gained new knowledge
- Will use the knowledge
- Found relevancy in what you do
- Worth your time
- Gave new perspective
- Generated a national discussion on justice
- At least one actionable item
- Inspired
What Can WE do

- Strive for a Collective Consciousness
- Find Political will, it takes courage
- Become a true Ambassador for Health Equity and Social Justice
- Redefine your personal and professional values
- Start looking at the world as if we all came from “one womb” - Johnetta Cole
- “There is no them. There is only us”
- Remember the POWER OF ONE is real
- Be willing to take The Risk
- Remember this has to be a MOVEMENT
Summary of the Racial and Ethnic Health Disparities in Colorado
2009 report: *A Good Start*

• Recommendation for Improving the Social Determinants of Health
• Recommendation for Improving the Practice of Epidemiology
• Recommendations for Improving Cultural and Linguistic Competence
• Recommendations for Improving Work Force Diversity and Leadership Development in the Health Professions
• Recommendations for Health Promotion and Preventive Care
• Recommendations for Improving Mental Health Disparities
• Recommendations for Strengthening the Safety Net System

BECOME THE MOVEMENT BEHIND THESE RECOMMENDATIONS
Adewale Troutman, M.D., M.P.H.  
The Troutman Group  
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Tampa, Fl  33647  
denzibell@aol.com  
502 544 8570  
www.thetroutmangroup.org
Additional Resources


- **Unnatural Causes** [http://www.unnaturalcauses.org](http://www.unnaturalcauses.org)

- **Occupy Public Health** [http://occupypublichealth.org](http://occupypublichealth.org)
Karen Koenemann
Eagle County Public Health
Healthy Communities Manager

George Ware
Taking Neighborhood Health to Heart
Co-chair
Eagle County Profile

- 3 out of 10 residents are Latino
- 30% Uninsured
- 9% Linguistically isolated vs. 4% in Colorado
- 4.7% Latinos have diabetes
- $26 per hour Wage needed for a women with 2 children to be self-sufficient
- 17.1% vs. 13.1% Hispanic vs. white obesity rate
HEALTHY COMMUNITIES COALITION
OF EAGLE COUNTY
LIVE PLAY EAT FEEL HEALTHY HERE

our vision

By 2020, Eagle County will be a community that promotes and fosters a healthy environment for all.

our mission

The Healthy Communities Coalition facilitates and empowers the community into action for lifelong wellness through healthy eating and active living.
Taking Neighborhood Health to Heart

An Upstream Health Initiative
“Collaborative approach to research that equitably involves all partners in the research process and recognizes the unique strengths that each brings. CBPR begins with a research topic of importance to the community and has the aim of combining knowledge with action and achieving social change to improve health outcomes and eliminate health disparities.”

WK Kellogg Foundation
Taking Neighborhood Health to Heart History

• A 2007 NHBLI-funded community-based participatory research project designed to:
  1. Engage diverse people in five neighborhoods as participants in research.
  2. Collect critical data on the health of people and target neighborhoods -- key focus on physical activity, healthy eating, obesity, CVD.
  3. Make sense of data to identify community needs, strengths and next steps.

• **Research focus**: study the impact of the built and social environment on health and health disparities.
Table 2. Types of Data Collected in Our “Footprint”

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<thead>
<tr>
<th>Individual Health</th>
<th>Physical Environment of Neighborhood</th>
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<tr>
<td>• General Health Measures</td>
<td>• Housing</td>
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<td>• Access to Health Care</td>
<td>• Other Types of Buildings</td>
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<td>• Chronic Health Conditions</td>
<td>• Public Transportation</td>
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<tr>
<td>• Age, Height, Weight</td>
<td>• Recreational Spaces</td>
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<tr>
<td>• Levels of Physical Activity</td>
<td>• Safety from Crime</td>
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<td>• Transportation</td>
<td>• Street Conditions</td>
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<tr>
<td>• Diet and Food Information</td>
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<tr>
<td>• Tobacco and Alcohol Use</td>
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<td>• Stress</td>
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<tr>
<th>Neighborhood Resources/Amenities</th>
<th>Neighborhood Food Resources</th>
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<tr>
<td>• Food Resources</td>
<td>• Food Store Locations</td>
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<tr>
<td>• Safety/Civic Resources</td>
<td>• Food Price/Quality/Availability</td>
</tr>
<tr>
<td>• Transportation</td>
<td>• Types of food</td>
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<tr>
<td>• Recreational Resources</td>
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<tr>
<td>• Outdoor Activities/Resources</td>
<td></td>
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<tr>
<td>• Schools</td>
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<td>• Community Health Centers</td>
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<thead>
<tr>
<th>Neighborhood Demographics</th>
<th>Perceptions of Neighborhoods</th>
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<tbody>
<tr>
<td>• Race/Ethnicity, Age/Gender</td>
<td>• Neighborhood Safety</td>
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<tr>
<td>• Diversity/Segregation</td>
<td>• Trust among neighbors/ social cohesion</td>
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<tr>
<td>• Household Income/ Education Levels</td>
<td>• Racism/Discrimination</td>
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<tr>
<td>• Occupations/ Employment Status</td>
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<tr>
<td>• Poverty Status</td>
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<td>• Language Information</td>
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Collecting Data on Neighborhood Health

**Household Demographic Data (Census)**
- Proximity, Amenities
- Nearby Neighborhood Crime

**Grocery Store:** Proximity, Quality & Availability of Food, Local Use

**Options for Physical Activity**

**Neighborhood Schools**

**Traffic Safety**

**Public Transportation**

**Street Connectivity**

**Street Lighting**

**Street Litter**

**Social Cohesion Options for Physical Activity**

**Hospitals and Local Health Centers:** Access to Healthcare

**Availability of Sidewalks**

**Individual Health Data:**
- Physical Activity, Chronic Disease

**Individual Health Data:**
- Access to Healthcare

**Neighborhood Schools**

**Park Data:** Proximity, Amenities
Neighborhood Health Briefs
Resultados de la encuesta en casa sobre Enfermedades Crónicas

Llevar la Salud de la Comunidad al Corazón es un proyecto comunitario-universitario que involucra la Universidad de Colorado Denver, la Fundación de Stapleton, 2400 Socios por la Salud, Montclair Este, Aurora Noroeste, Stapleton, Park Hill, y Park Hill Noroeste. La meta de este proyecto es aprender acerca de cómo mejorar la salud y bienestar de las personas que residen en los vecindarios asociados. Un total de 950 adultos de los cinco vecindarios llenaron una encuesta sobre la salud; 237 fueron de Aurora Noroeste.

Este breve reporte describe algunos resultados del 2007-2008 sobre enfermedades crónicas que afectan la salud. Las figuras muestran los resultados de Aurora Noroeste y todos los vecindarios combinados.

Enfermedades Crónicas

El tener una o más enfermedad crónica puede afectar con gran impacto a su salud en general. Ejemplos de enfermedades crónicas incluyen enfermedades cardiovasculares, asma, y la diabetes. Gente que vive con enfermedades crónicas se beneficia al recibir buena atención médica y llevar una participación activa en cuidarse mejor de tal condición. Reconociendo la falta de, o acceso limitado a atención médica, y la falta de educación sobre la enfermedad crónica, mucha gente no se da cuenta que de verdad tienen una enfermedad crónica o no se están cuidando bien.

Figura 1 muestra que una de cada siete personas encuestadas (14%) en Aurora Noroeste les dijeron que tienen asma; por lo tanto el doctor o otro profesional de salud; la mayoría de estas personas (84%) reportaron que todavía tienen asma.

La diabetes es una enfermedad que resulta en altos niveles anormales de azúcar en la sangre que requieren el control. En la última década, la diabetes tipo 2 empezó afectar más a jóvenes, junto con el incremento del índice de niños obesos. De los resultados que recibimos en Aurora Noroeste sobre los encuestados, una de cada once personas (9%) nos reportaron que tienen diabetes (vea figura 2).

Salud del Corazón

La alta presión de la sangre es un factor de riesgo para el corazón, el cual se puede disminuir al comer saludable, hacer ejercicio, y tomar medicina. En Aurora Noroeste, una de cada cuatro personas (24%) de los encuestados dijeron que tiene alta presión de la sangre (vea figura 3). De estas personas, el 58% están actualmente tomando medicina para tratar la alta presión de la sangre.

El colesterol en la sangre es una substancia grasosa que se encuentra en la corriente de la sangre. El alto nivel de colesterol está asociado con enfermedades del corazón. Menos la mitad (45%) de los encuestados en Aurora Noroeste dijeron que se han revisado el colesterol. Más de un tercio (38%) de aquellos que se lo revisaron, les comunicaron que lo tenían alto (vea figura 4).

Resultados adicionales:

<table>
<thead>
<tr>
<th></th>
<th>Cinco Vecindarios</th>
<th>Aurora Noroeste</th>
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<tr>
<td>Han tenido un ataque cardíaco</td>
<td>3%</td>
<td>4%</td>
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<tr>
<td>Han tenido angina o enfermedad coronaria del corazón</td>
<td>3%</td>
<td>3%</td>
</tr>
<tr>
<td>Han tenido un derrame cerebral</td>
<td>3%</td>
<td>1%</td>
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Para más información sobre este proyecto o para obtener permiso para reproducir este documento, póngase en contacto con Debbi Main, Investigadora Principal, al 303-556-4743 o debbi.main@ucdenver.edu

Este proyecto fue realizado gracias al patrocinio por gracios del Instituto Nacional del Corazón, Pulmón y la Sangre y la Fundación para la Salud de Colorado (Colorado Health Foundation®).
Studies Using Taking Neighborhood Health to Heart Data & CBPR Engagement Principles

- 2007 Original National Heart, Lung & Blood Institute Study [Principal Investigator: Debbi Main, Ph.D.]
- 2008 Colorado Health Foundation & 2040 Partners Kids’ Study [PI: Ira Gorman, PT with Debbi Main, Ph.D. Advisor]
- 2008 Social Capital Study [PI: Jennie Hill, Ph.D., Debbi Main, Ph.D. Advisor]
- 2009 Robert Wood Johnson Concept Mapping/Society of Youth Study [PI: Stephanie Phibbs, MPH with Debbi Main, Ph.D. Advisor]
- 2009 CO Clinical Translational Science Institute “Heart to Heart” Study to DRAD/Taking Neighborhood Health to Heart and 2040 Health: Use of Small Group Venues for Dissemination & Data Collection in Apartment/Multi-unit Dwellings [PI’s: Debbi Main, Ph.D., Patti Iwasaki, MSW, George Ware, M.S. and Tracey Stewart, M.Ed.]
- 2009 Food Basket Study [PI: Debbi Main, Ph.D.]
- 2011 Office of Women’s Health “Assessing Health Among Low-Income, Isolated, Ethnic Women: 3 Views” [Taking Neighborhood Health to Heart & Colorado Alliance for Health Equity & Promotion]
- 2012 CO Clinical Translational Science Institute “Best Ways to Reach Isolated Elderly Women” (PI’s: Debbi Main, Ph.D., George Ware, M.S.)
TNH2H Visions of Healthy Neighborhoods

- Sidewalks, well-lit streets
- Parks and bikeways
- Quality schools and opportunities for lifelong learning
- Connected neighbors
- Opportunities and venues for socializing
- Local businesses providing jobs, economic security
- Ready access to affordable, healthy food
- Supports for mental and emotional health
- Access to health care services
- Access to health-promoting information
TNH2H Actions Toward Healthy Neighborhoods

- Created a community garden.
- Enlisted local restaurants’ participation in the *Smart Meals* program.
- Held *Soup, Share and Learn* events.
- Shared TNH2H data to inform a health impact assessment, program/policy-related grant applications, an elementary school class’s health module, and a medical student study exploring experiences of discrimination when receiving health care.
- Convene monthly meetings of the TNH2H council.
TAKING NEIGHBORHOOD HEALTH TO HEART
www.tnh2h.org
Email: TNH2HColorado@gmail.com
Join us in the discussion...

- Q & A from the audience
- Submit questions via Twitter: #healthequityTCT
Health Equity Learning Series

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- **SEPT. 12:** Elizabeth Myung Sook Krause, Vice President of Policy and Communications, Connecticut Health Foundation, and Nichole June Maher, MPH, President, Northwest Health Foundation, Yanique Redwood, PhD, President and CEO, Consumer Health Foundation, will speak about foundation solutions to advance health equity
- **NOV. 15:** Anthony Iton, MD, Senior Vice President, The California Endowment and Winston Wong, MD, Medical Director, Kaiser Permanente, will speak about solutions for tackling social determinants of health

In addition to The Trust hosting these distinguished speakers over luncheon events at our office in Denver, we will be partnering with others across the state to host simultaneous events in their communities with live-stream viewing of the events, also over lunch, followed by discussion and networking.

INFORMATION FROM PREVIOUS EVENTS

- **June 6, 2013** - Brian Smedley, PhD, Vice President and Director of the Health Policy Institute of the Joint Center for Political and Economic Studies
- **January 31, 2013** - Paula Braveman, MD, Director of the Center on Social Disparities in Health within the School of Medicine at the University of California, San Francisco

NEWS

- 02/21/13 Making Sense of Health Differences, Disparities and Equity

PUBLICATIONS

- Equality in Health – An Annotated Bibliography with Resources on Health Disparities and Cultural and Linguistic Competency (2007)
- Health Equity and the Affordable Care Act - Summary (2013)
- How the Affordable Care Act Can Help to Advance Racial and Ethnic Equity in Colorado (2013)

RELATED LINKS

- A Profile of Health Insurance Exchange Enrollees
- A Roadmap for Health Equity
Feedback Survey
July 25, 2013 Learning Lunch

Please take a moment to give us your feedback on the event today. Your responses will help us to plan future events like this one. You may leave your completed survey on the table before you leave.

1) What type of organization are you from?
   □ Community organization
   □ Policy/Advocacy organization
   □ Direct service provider - Health
   □ Research/Evaluation
   □ Academic Institution/University
   □ Government
   □ Media
   □ Business
   □ Community member
   □ Foundation
   □ Other: __________________________

2) What is the primary reason you chose to attend this event today?
   □ The topic was of interest to me
   □ The speaker was of interest to me
   □ Networking with community members
   □ My relationship with The Colorado Trust
   □ I’m here for the free lunch
   □ Other: __________________________

3) How relevant did you find the topic discussed today to your work?
   □ Highly relevant
   □ Somewhat relevant
   □ Neither relevant or irrelevant

6) Are you interested in attending future events like this?
   □ Yes  □ No  Why not? __________________________
   If yes, I would prefer to attend:
   □ In person □ Stream online □ I would like to have both options

7) After attending this event today, do you feel more inclined to take action to promote health equity?
   □ Yes  □ No
   If not, why not?
   □ I already take action to promote health equity in my work; this has not changed
   □ It is not a high priority for me/my work, but I hope that others address it
   □ I do not feel that it is an important issue to address
   □ Other: __________________________

8) Will you take any action based on this event?
   □ I will take the discussion materials provided by The Trust back to my organization
   □ I will share the recording of this event with others in my organization (available shortly on The Trust’s website)
   □ I will encourage others to attend future events like this one
   □ Other: __________________________
   □ It is unlikely that I will take any action

9) Prior to this event, were you aware of the option to stream this event online?
   □ Yes  □ No
Thank you for joining us!